## Case 17-17480-mdc Doc 49 Filed 09/26/18 Entered 09/26/18 12:29:55 Desc Main Document Page 1 of 2

| Fill  | in this informa  | tion to identify yo                                   | our case:                                    |   |                        | I               |                                      |   |  |  |
|---|--|---|--|---|------------------------|-----------------|--------------------------------------|---|--|--|
| Debtor 1 Holly L Fry  |  |   |  |   |                        |                 | Check if this is:  An amended filing |   |  |  |
| 1   | otor 2<br>ouse, if filing)   |   |  | A supplement showing postpetition chapter 13 expenses as of the following date: |                        |                 |                                      |   |  |  |
| Unit  | ed States Bankr  | uptcy Court for the                                   | : EASTE                                      | MM / DD / YYYY  |                        |                 |                                      |   |  |  |
| 1   | e number 17  | 7-17480   |  |   |                        |                 |                                      |   |  |  |
| Of  | fficial Fo   | rm 106J   |  |   |                        | •               |                                      |   |  |  |
| S   | chedule  | J: Your I   | Exper  | ises  |                        |                 |                                      | 12/1  |  |  |
| info  | ormation. If m   |   | eded, atta                                   | If two married people a ch another sheet to this n.                             |                        |                 |                                      |   |  |  |
| Par   |  | ibe Your House  | hold   |   |                        |                 |                                      |   |  |  |
| 1.  | Is this a joir  ■ No. Go to  |   | in a sonar                                   | eta housahold?  |                        |                 |                                      |   |  |  |
|   | □N   | 0   |  | al Form 106J-2, <i>Expense</i>  | es for Separate House  | ehold of De     | btor 2.                              |   |  |  |
| 2.  | Do you have  | e dependents?   | □ No   |   |                        |                 |                                      |   |  |  |
|   | Do not list Do Debtor 2.   | ebtor 1 and   | Fill out this information for each dependent | Dependent's relationship to<br>Debtor 1 or Debtor 2                             |                        | Dependent's age | Does dependent live with you?        |   |  |  |
|   | Do not state dependents  |   |  |   | Son                    |                 | 8                                    | □ No ■ Yes  |  |  |
|   |  |   |  | Daughter  |                        | 13              | □ No ■ Yes □ No                      |   |  |  |
|   |  |   |  |   |                        |                 |                                      | _ ☐ Yes<br>☐ No<br>☐ Yes                                |  |  |
| 3.  | expenses of  | oenses include<br>f people other tl<br>d your depende | <sup>han</sup> ┌┌                            | No<br>Yes   |                        |                 | _                                    | _ Li Yes  |  |  |
| exp   | imate your ex  |   | our bankrı                                   | uptcy filing date unless  |                        |                 |                                      | napter 13 case to report<br>of the form and fill in the |  |  |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) |  |   |  |   |                        | Your expenses   |                                      |   |  |  |
| 4.  |  | or home owners  |  | ses for your residence.<br>r lot.   | Include first mortgage | e<br>4.         | \$                                   | 1,300.00  |  |  |
|   | If not includ  | led in line 4:  |  |   |                        |                 |                                      |   |  |  |
|   | 4a. Real e   | estate taxes  |  |   |                        | 4a.             | \$                                   | 0.00  |  |  |
|   |  | rty, homeowner's                                      |  | 's insurance<br>ipkeep expenses   |                        | 4b.<br>4c.      | ·                                    | 0.00  |  |  |
|   |  | owner's associat                                      |  |   |                        | 4d.             | ·                                    | 0.00<br>0.00  |  |  |
| 5.  | Additional mortgage payments for your residence, such as home equity loans |   |  |   |                        | 5.              | \$                                   | 0.00  |  |  |

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| Debtor 1          | Holly L Fry  | Case number (if known)                | 17-17480 |  |  |  |  |  |
|-------------------|--|---------------------------------------|----------|--|--|--|--|--|
| 6. <b>Utiliti</b> | es:  |                                       |          |  |  |  |  |  |
| 6a.               | Electricity, heat, natural gas   | 6a. \$                                | 150.00   |  |  |  |  |  |
| 6b.               | Water, sewer, garbage collection   | 6b. \$                                | 35.00    |  |  |  |  |  |
| 6c.               | Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$                                | 200.00   |  |  |  |  |  |
| 6d.               | Other. Specify:  | 6d. \$                                | 0.00     |  |  |  |  |  |
| 7. Food           | and housekeeping supplies  | 7. \$                                 | 100.00   |  |  |  |  |  |
|                   | care and children's education costs  | 8. \$                                 | 0.00     |  |  |  |  |  |
|                   | ing, laundry, and dry cleaning   | 9. \$                                 | 75.00    |  |  |  |  |  |
| 10. Perso         | onal care products and services  | 10. \$                                | 50.00    |  |  |  |  |  |
|                   | cal and dental expenses  | 11. \$                                | 20.00    |  |  |  |  |  |
|                   | sportation. Include gas, maintenance, bus or train fare.   | ·                                     |          |  |  |  |  |  |
|                   | t include car payments.  | 12. \$                                | 100.00   |  |  |  |  |  |
| 13. <b>Enter</b>  | tainment, clubs, recreation, newspapers, magazines, and books  | 13. \$                                | 0.00     |  |  |  |  |  |
| 14. Chari         | table contributions and religious donations  | 14. \$                                | 0.00     |  |  |  |  |  |
| 15. Insur         | ance.  |                                       |          |  |  |  |  |  |
| Do no             | t include insurance deducted from your pay or included in lines 4 or 20.   |                                       |          |  |  |  |  |  |
| 15a.              | Life insurance   | 15a. \$                               | 0.00     |  |  |  |  |  |
|                   | Health insurance   | 15b. \$                               | 0.00     |  |  |  |  |  |
| 15c.              | Vehicle insurance  | 15c. \$                               | 120.00   |  |  |  |  |  |
| 15d.              | Other insurance. Specify:  | 15d. \$                               | 0.00     |  |  |  |  |  |
|                   | s. Do not include taxes deducted from your pay or included in lines 4 or 20.   |                                       |          |  |  |  |  |  |
| Speci             |  | 16. \$                                | 0.00     |  |  |  |  |  |
|                   | Iment or lease payments:   | •                                     |          |  |  |  |  |  |
|                   | Car payments for Vehicle 1   | 17a. \$                               | 472.00   |  |  |  |  |  |
|                   | Car payments for Vehicle 2   | 17b. \$                               | 0.00     |  |  |  |  |  |
|                   | Other. Specify:  | 17c. \$                               | 0.00     |  |  |  |  |  |
|                   | Other. Specify:  | 17d. \$                               | 0.00     |  |  |  |  |  |
|                   | payments of alimony, maintenance, and support that you did not report as   | 18. \$                                | 0.00     |  |  |  |  |  |
|                   | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | \$                                    |          |  |  |  |  |  |
|                   | payments you make to support others who do not live with you.  | ·                                     | 0.00     |  |  |  |  |  |
| Speci             |  | 19.                                   |          |  |  |  |  |  |
|                   | real property expenses not included in lines 4 or 5 of this form or on Sche<br>Mortgages on other property   | 20a. \$                               | 0.00     |  |  |  |  |  |
|                   | Real estate taxes  | 20b. \$                               | 0.00     |  |  |  |  |  |
|                   |  | ·                                     |          |  |  |  |  |  |
|                   | Property, homeowner's, or renter's insurance   | 20c. \$<br>20d. \$                    | 0.00     |  |  |  |  |  |
|                   | Maintenance, repair, and upkeep expenses   | · · · · · · · · · · · · · · · · · · · | 0.00     |  |  |  |  |  |
|                   | Homeowner's association or condominium dues  | 20e. \$                               | 0.00     |  |  |  |  |  |
| 21. <b>Other</b>  | : Specify:   | 21. +\$                               | 0.00     |  |  |  |  |  |
| 22. Calcu         | late your monthly expenses   |                                       |          |  |  |  |  |  |
|                   | Add lines 4 through 21.  | \$                                    | 2,622.00 |  |  |  |  |  |
|                   | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | \$                                    |          |  |  |  |  |  |
|                   | Add line 22a and 22b. The result is your monthly expenses.   | \$                                    | 2,622.00 |  |  |  |  |  |
| 220. F            | tad and EEG and EED. The result to your monthly expenses.  | L Ψ                                   | 2,022.00 |  |  |  |  |  |
| 23. <b>Calc</b> u | late your monthly net income.  |                                       |          |  |  |  |  |  |
|                   | Copy line 12 (your combined monthly income) from Schedule I.   | 23a. \$                               | 3,669.44 |  |  |  |  |  |
| 23b.              | Copy your monthly expenses from line 22c above.  | 23b\$                                 | 2,622.00 |  |  |  |  |  |
|                   |  |                                       |          |  |  |  |  |  |
| 23c.              | Subtract your monthly expenses from your monthly income.   | 23c. \$                               | 1,047.44 |  |  |  |  |  |
|                   | The result is your monthly net income.   | 200.                                  | -,       |  |  |  |  |  |
| 24. <b>Do vo</b>  | ou expect an increase or decrease in your expenses within the year after yo  | ou file this form?                    |          |  |  |  |  |  |
|                   | or example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a |                                       |          |  |  |  |  |  |
|                   | cation to the terms of your mortgage?  | 3 3 1 7 2 7 3 8 8 8 8 8               |          |  |  |  |  |  |
| ■ No              | ).   |                                       |          |  |  |  |  |  |
| ☐ Ye              |  |                                       |          |  |  |  |  |  |